

## AGENCY INFORMATION CHANGE REQUEST B.4

### Description

Agencies can request formal or informal information changes. Formal information requests require a Grant Amendment and informal information changes require OFP approval.

### Formal Request

A formal request is required if an agency name change is requested.

A formal request must always include a signed written request on Agency letterhead along with a completed Payee Data Record (STD 204). These original documents must be submitted to your OFP Contract Manager with a cc to your Program Consultant by mail.

### Submitting a Formal Request

A formal request for information changes can be submitted to:

Contract Manager  
California Department of Health Services  
Maternal, Child, and Adolescent Health/Office of Family Planning  
MS 8305  
P.O. Box 997420  
Sacramento, CA 95899-7420

If using Courier Delivery (i.e. UPS, FedEx, Golden State Overnight, etc.) deliver to:

Contract Manager  
California Department of Health Services  
Maternal, Child, and Adolescent Health/Office of Family Planning  
MS 8305  
1615 Capitol Avenue, Suite 73.560  
Sacramento, CA 95814-5015

**Note: All document deliveries not including the mail station number MS 8305 will be returned to sender by the DHS Mail Services Unit.**

## **Informal Request**

An informal request can be used if this information has changed:

- Personnel/Staffing,
- Phone Number,
- Fax Number, and/or
- E-mail Address

An informal request can be submitted to your OFP Contract Manager with a cc to your Program Consultant by e-mail, mail, or fax.